2020

Employee Benefits Guide

USA Employees

Allen & Shariff

Welcome employees and families of Allen & Shariff to our 2020 benefits year...

Allen & Shariff Corporation (ASC) is pleased to offer a wide range of benefits to its employees. These company-sponsored benefits are an important part of the total compensation package. They represent a valuable asset to our employees and their families, and demonstrate an investment by ASC in our employees. We are proud of our comprehensive benefits program and are committed to continuously improving the plans that make up our benefits offerings. Our goal is to provide benefits at a reasonable cost to employees and the Company. All full-time regular employees of ASC are eligible to participate in the benefits plans.

The Annual Benefits Open Enrollment is your opportunity to review, and if necessary, change your health and welfare benefits. You may elect, change, or waive coverage in our medical, dental, and vision plans. In addition, you may enroll or re-enroll in the Health Savings Account, Health Care Flexible Spending Account and/or Dependent Care Flexible Spending Account.

If you have any questions or concerns, please do not hesitate to call the PSA Benefits Hotline at **1-877-716-6618**, or contact Allen & Shariff's Human Resources at **443-545-1005** or via email at smattis@AllenShariff.com.

Thank you,

Zack Shariff
CEO, Allen & Shariff Corporation

Important Notice about Your Prescription Drug Coverage and Medicare—see pages 18–19

Please read the notice and share it with any of your Medicare-eligible dependents.

Throughout this Benefits Guide, the use of the acronym "ASC" or the term "Company" shall refer to Allen & Shariff Corporation, Allen & Shariff Construction Services, LLC, and Allen & Shariff Engineering.

WHAT'S INSIDE

EMPLOYEE RESOURCES

Who to contact when you have questions about your benefits

Our goal is to make certain that you receive the correct coverage and information regarding your benefit plans. We are here to help with any issues that may arise.

If you need assistance, first contact the Benefits Hotline at PSA Insurance & Financial Services. If you need additional help, contact the insurance carrier.

Benefits Hotline

Toll-free phone: 1-877-716-6618
Email: benefitshotline@PSAFinancial.com

Representatives are available Monday through Friday, 8:30 a.m.–5 p.m. ET.

Plan	Contact	Phone Number	Website or Email
Medical and Prescription	UnitedHealthcare	1-800-815-8958	www.myuhc.com
Health Savings Account	Benefit Strategies	1-888-401-3539	www. benstrat.com
Dental	UnitedHealthcare	1-800-815-8958	www.myuhc.com
Vision	VSP	1-800-877-7195	www.vsp.com
Life and AD&D Insurance Short and Long-Term Disability	Lincoln Financial	1-800-423-2765	www.lfg.com
Flexible Spending Account	Benefit Strategies	1-888-401-3539	www. benstrat.com
Employee Assistance Program	EmployeeConnect	1-888-628-4824	www.GuidanceResources.com username: LFGsupport password: LFGsupport1

ELIGIBILITY AND ENROLLMENT

Who is eligible for benefits?

Employees

Full-time employees who work at least 30 hours per week are eligible for medical, dental, and vision benefits on the first of the month following 30 days of continuous employment. Full-time employees who work at least 40 hours per week are eligible for life and disability benefits on the first of the month following 30 days of continuous employment.

Eligible Dependents

In addition to enrolling yourself, you may also cover your legal spouse, your domestic partner (see HR for required documentation), and your dependent children up to age 26.

When to enroll in your benefits

During Open Enrollment

During the annual Open Enrollment period, you may enroll or change current benefit elections. This coverage will stay in place until the next annual Open Enrollment period unless you have a qualified change-in-status event.

When First Eligible

If you are a new hire or newly eligible for benefits, you must enroll in your benefit plans within 30 days of your benefits eligibility date. If you do not enroll when you are first eligible, you will be required to wait until the next annual Open Enrollment period unless you experience a qualified change-in-status event.

Making Changes

Please keep in mind that benefit elections and their related payroll deductions cannot be changed until the next annual Open Enrollment period unless you, your spouse/domestic partner, or your dependent child(ren) experience a qualified change-in-status event.

Qualified change-in-status events are changes in the below:

- Marital status, including marriage, death of a spouse, divorce, and annulment
- Covered dependents due to birth, death, adoption, granting of legal custodianship, or reaching maximum age for coverage
- Employment for you, your spouse, or your dependent, including commencement of or return from leave of absence, or change in employment status
- Eligibility for other coverage, or loss thereof, due to spouse's annual Open Enrollment period, or loss or gain of benefit eligibility

You must notify the Human Resources Department within 30 days of the qualified change-in-status event in order to make a change to your benefit elections. Documentation supporting the change will be required.

UNITEDHEALTHCARE RESOURCES

Your UnitedHealthcare medical benefits provide you with access to people, resources, and tools to help you when you aren't feeling your best. You also have access to programs that may help you improve or maintain your health and wellness.

Access your account online at myuhc.com

Register on **myuhc.com** and start getting more from your benefits. **myuhc.com** is an online portal that provides you and your family with the tools and resources to help you manage your health care as well as a healthier lifestyle.

- Review plan details and locate an in-network provider
- Estimate costs using the treatment cost estimator
- View claims status
- Build a health improvement program by completing an online health assessment
- Keep a personal health record
- Get health product discounts

UnitedHealthcare Health4Me℠ Mobile App

Download UnitedHealthcare's Health4Me mobile app to your Apple® or Android™ smartphone or tablet, and see how easy it is to find nearby physicians, check the status of a claim, see your account balance, or speak directly with a nurse. You can even pull up an image of your health plan ID card if it's not in your wallet.

Rally℠ on myuhc.com

A fun, new way to help improve your health

UnitedHealthcare is happy to offer Rally, which may help you improve your health, available on **myuhc.com**. This online, interactive experience is designed to make it easy to help you understand healthy behaviors and take any needed steps to help you live a healthier life.

Get started with Rally today

- In about 15 minutes, you can get a personal health summary, complete with suggestions to help you improve your health.
- You'll get real-time feedback and the below:
  - Missions to help you in changing your behavior
  - Ways to track or monitor your actions, like physical activities, weight loss, and more
  - Help as you work toward a healthier lifestyle
  - Your "Rally Age" and how it compares to your "Actual Age," which may help you assess your current health status

Virtual Visits

When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Conditions commonly treated through a virtual visit are below:

- Bladder infection/urinary tract infection
- Bronchitis
- Cold/flu
- Diarrhea
- Fever
- Migraine/headaches
- Pink eye
- Rash
- Sinus problems
- Sore throat
- Mental health issues

Most visits take about 10–15 minutes, and doctors can write a prescription, if needed, that you can pick up at your local pharmacy. Get started by registering at www.myuhc.com.

MEDICAL PLAN HIGHLIGHTS

ASC offers a choice among four medical plan options through **UnitedHealthcare**. The chart below provides a side-by-side comparison of some of the benefits available under the medical plans.

UnitedHealthcare Medical Plan Features	*KY7 HSA*	*Choice BC-GM*	*Choice Plus BC-GS*		*Choice BC-GE*
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network Only
Annual Deductible Individual/family	$1,500/$3,000	$500/$1,500	$1,000/$3,000	$2,000/$4,000	None
Annual Out-of-Pocket Limit Individual/family	$3,000/$6,000	$3,000/$6,000	$3,000/$6,000	$6,000/$12,000	$3,000/$6,000
Preventive Care Services					
Well-child care, adult physical, routine GYN visits, cancer screenings, other age/gender appropriate services as defined by ACA	No charge	No charge	No charge	20% after deductible (mammogram not subject to deductible)	No charge
Office Visits and Testing					
Office Visits for Illness Primary Care Physician Specialist	10% after deductible	$30 copay $60 copay	$25 copay $50 copay	20% after deductible	$30 copay $60 copay
Diagnostic Lab/X-Ray	10% after deductible	No charge	No charge	20% after deductible	No charge
Mental Health/Substance Abuse Office Visits	10% after deductible	$60 copay	$50 copay	20% after deductible	$60 copay
Urgent Care and Emergency Care					
Virtual Visits	10% after deductible	$10 copay	$10 copay	20% after deductible	$10 copay
Urgent Care Center	10% after deductible	$75 copay	$75 copay	20% after deductible	$75 copay
Hospital Emergency Room *Waived if admitted*	10% after deductible	$250 copay	$250 copay		$250 copay
Hospitalization					
Inpatient Hospital Stay *Prior authorization required*	10% after deductible	20% after deductible	No charge after deductible	20% after deductible	$750 copay
Outpatient Facility Surgery *Prior authorization required*	10% after deductible	20% after deductible	No charge after deductible	20% after deductible	$500 copay

Please note : This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.

The KY7 HSA medical plan is a qualified high deductible health plan, which allows for participation in a Health Savings Account (also known as an HSA). Please see pages nine and ten for more details.

PRESCRIPTION PLAN HIGHLIGHTS

UnitedHealthcare Medical Plan Features	*KY7 HSA*	*Choice BC-GM*	*Choice Plus BC-GS*		*Choice BC-GE*
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network Only
Prescription Drugs					
Prescription Deductible	Combined with medical	None	None		None
Out-of-Pocket Limit	Combined with medical	Combined with medical	Combined with medical		Combined with medical
Retail *(Up to 31-day supply)*	After deductible:				
Tier I	$10 copay	$10 copay	$10 copay		$10 copay
Tier II	$35 copay	$35 copay	$35 copay		$35 copay
Tier III	$60 copay	$60 copay	$60 copay		$60 copay
Maintenance Retail or Mail Order *(Up to 90-day supply)*	After deductible: 2.5 times 31-day supply copay	2.5 times 31-day supply copay	2.5 times 31-day supply copay		2.5 times 31-day supply copay

Please note : This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.

Employee Contributions (based on 24 pays)

Tier	MEDICAL			
	KY7 HSA	*Choice BC-GM*	*Choice Plus BC-GS*	*Choice BC-GE*
Employee	$10.55	$25.74	$51.49	$51.98
Employee + Child(ren)	$155.49	$214.65	$213.13	$273.58
Employee + Spouse	$177.83	$261.50	$316.96	$333.55
Family	$233.32	$376.29	$456.19	$480.04

Choosing a health coverage option is an important decision. To help you make an informed choice, a Summary of Benefits and Coverage (SBC), which summarizes important information in a standard format, is available for review. If you are currently enrolled, you will be provided a copy of the SBC for the plan in which you are currently enrolled in connection with Open Enrollment. The SBC is located at online@ktbsonline.com. A paper copy is also available, free of charge, by contacting Human Resources.

HEALTH SAVINGS ACCOUNT (HSA)

Available to employees who enroll in the KY7 HSA medical plan

When you enroll in the **KY7 HSA medical plan**, you will automatically be enrolled in a Health Savings Account (HSA) through **Benefit Strategies**. An HSA can help you save money by allowing you to pay for health care expenses with tax-free dollars. You can use the funds to pay for qualified health care expenses, such as medical and prescription drug expenses until you meet your deductible, coinsurance, copays, and other out-of-pocket expenses including dental and vision expenses, for you and your tax dependents—even if they are not enrolled in your medical plan!

Reasons to Love a Health Savings Account (HSA)

- Triple Tax Savings
  - You can contribute to your HSA using tax-free dollars.
  - You can use the money in your HSA to pay for health care expenses with tax-free money.
  - Whatever you don't use in a year rolls over to the next year, and earns interest that is tax-free!
- You decide how and when to use the funds in your account—you can use the funds to pay for your health care expenses or save them for future health care costs.
- The account may be used to build funds for retirement. Once you reach age 65, you can withdraw the money for non-medical reasons without a penalty.

To open an HSA, you must meet the eligibility criteria listed below:

- You must be covered by an HSA-compatible health plan, and you cannot be covered by any other medical plan or coverage that is not an HSA-compatible health plan. This would include being enrolled in your spouse's non-HDHP plan as secondary coverage, Medicare coverage, an executive medical plan, or your or your spouse's Health Care FSA offered through another employer.
- You must not be eligible to be claimed as a dependent on another individual's tax return.
- You must be enrolled in the plan on the first day of the month (otherwise, your eligibility to make contributions to your HSA begins the first day of the following month). If you are eligible as of December 1, under the last month rule you may make the maximum annual HSA contribution for the year regardless of the month you became eligible. Any contributions made under the last month rule will be subject to a testing period during which you must maintain HSA eligibility in the following year in order for the contribution to remain tax favored.

Funding your HSA

To fund your HSA, you can make deposits using one of the methods listed below:

- Pre-tax payroll deductions from your paycheck
- Tax-deductible contributions
- Rollover funds from another HSA
- One-time trustee-to-trustee transfer from your IRA

The IRS establishes a limit that you can contribute per year; the limits are based on a calendar year and subject to change each year. The limits are based on whether you have the individual or family coverage under the qualifying medical plan and include both your employer's and your personal contributions.

	2020 Limits
Individual	$3,550
Family	$7,100

Individuals over age 55 may make an additional "catch-up" contribution of $1,000 per year.

Allen & Shariff contributes to your HSA! If you newly enroll in the KY7 HSA medical plan, Allen & Shariff will make a one-time contribution of $500 into your HSA.

Please note that the IRS annual maximum limit includes Allen & Shariff's contributions.

How to open your HSA

Once your HSA enrollment is processed by Benefit Strategies, your enrollment information will be forwarded to our banking partner, Healthcare Bank (member FDIC), to establish your account. Healthcare Bank is a division of Bell Bank, one of the Midwest's largest banks. Benefit Strategies HSA administration is fully integrated with your account at Healthcare Bank. You will have convenient and secure account access through your personal login at www.benstrat.com and through the Benefit Strategies mobile application.

Managing Your Account

Through your secure online account at www.benstrat.com, and through the Benefit Strateigies mobile application, you can
view your account balance and transaction history, make post-tax contributions, request distributions, and manage investments (online only). After enrolling, you will receive a welcome email with instructions on logging in to your account online and downloading our mobile app.

HSA Resources

In the HSA section at www.benstrat.com, you can find information on current contribution maximums, a quick start guide for managing your account online (including setting automatic investment sweeps), an eligible expense list, tax savings calculator, current investment options, extensive FAQ, our Fact Sheet series covering HSA topics in-depth (such as HSA partial year eligibility, HSAs and Medicare, HSAs and divorce and other special family situations, and many others), and our bi-weekly HSA GPS blog.

How the Medical Plan and HSA work together

Preventive care covered 100% by the Health Plan

In-network preventive care is covered at 100% with no deductible. You pay $0 out-of-pocket for your annual physical, well-woman visit, mammogram, colonoscopy, routine immunizations, preferred preventive drugs, and other eligible services.

Pay for other medical expenses

You pay for additional medical and prescription drug expenses as you incur them until your annual deductible is met.

Use your HSA

You can use the funds in your HSA to pay for qualified health care expenses, such as medical and prescription drug expenses until you meet your deductible, coinsurance, copays, and other out-of-pocket expenses including dental and vision expenses.

Remember to keep your receipts in case they're needed by the IRS to verify eligible expenses.

Allowable expenses for HSA funds

Below is a partial list of allowable expenses for an HSA, according to IRS guidelines.

- Prescription drugs or insulin, and prescribed birth control
- Medical equipment, such as a wheelchair, crutches, artificial limbs, and wigs (where prescribed by a physician for mental health or due to hair loss because of disease)
- Treatments and therapies, such as treatment for alcoholism or drug addiction, acupuncture to treat a medical condition, physical therapy, and smoking cessation programs
- Dental and orthodontic care, such as x-rays, braces, and dentures
- Vision care expenses, including eye exams, eyeglasses, and contacts
- Hearing aids
- Assistance for the handicapped, such as a guide dog, braille book, and home or car equipment
- Mental health institute treatment
- Other fees and services such as hospital services, home care services, laboratory fees, surgical fees, x-rays, and chiropractic fees

Please consult your tax advisor should you require specific tax advice. This list is subject to change. Visit www.irs.gov for more information on eligible expenses.

DENTAL PLAN HIGHLIGHTS

ASC offers dental coverage for you and your family through **UnitedHealthcare**. You have the freedom to select the dentist of your choice; however, when you visit a participating, in-network dentist, you will have lower out-of-pocket costs, no balance billing, and claims will be submitted by your dentist on your behalf.

To locate an in-network dentist, visit www.myuhc.com and click "Find a Dentist." Select your location and the PPO network.

UnitedHealthcare Dental Plan Features	In-Network You Pay	Out-of-Network[1] You Pay
Calendar Year Deductible *Waived for preventive services*	$50 individual/$150 family	
Annual Maximum *maximum amount the plan will pay for the year*	Plan pays $2,000 per person per calendar year	
Preventive and Diagnostic *no deductible* Oral exams, x-rays, cleanings, fluoride, sealants, space maintainers	No charge no deductible	No charge[1] no deductible
Basic Services Fillings, simple extractions, oral surgery, endodontics, periodontics, anesthesia	10% after deductible	20%[1] after deductible
Major Services Inlays/onlays/crowns, prosthetics (bridges, dentures), implants	40% after deductible	50%[1] after deductible

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.
[1] Out-of-Network reimbursement is based on the Maximum Allowable Charge (MAC). If an out-of-network dentist performs treatment, the employee will be responsible for the difference between the dentist's billed charge and the MAC amount. This is called balance billing.

Employee Contributions (based on 24 pays)

Tier	DENTAL
Employee	$7.35
Employee + Child(ren)	$23.63
Employee + Spouse	$21.00
Family	$35.44

VISION PLAN HIGHLIGHTS

Your vision coverage provides a full range of vision care services provided through the **VSP** Signature network. You may receive care from any provider you choose, but your benefits are greater when you see a participating, in-network VSP provider.

To locate a VSP provider, visit www.vsp.com or call **1-800-877-7195**.

VSP Vision Plan Features	In-Network You Pay	Out-of-Network Plan Reimbursement
Vision Exam *Once every 12 months*	$10 copay	Reimbursed up to $55 (less applicable copay)
Eyeglass Frames *Once every 24 months*	$25 copay (up to $130 allowance)	Reimbursed up to $70 (less applicable copay)
Eyeglass Lenses *Once every 12 months*		
Single vision	$25 copay	Reimbursed up to $50
Lined bifocal	$25 copay	Reimbursed up to $75
Lined trifocal	$25 copay	Reimbursed up to $100
Contact Lenses *Once every 12 months in lieu of eyeglasses*	Exam: up to $60 copay Lenses: $130 allowance	Reimbursed up to $105
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities	No discounts available
Discount Plan	Discounted pricing on additional purchases once the initial benefit has been used	No discounts available

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.

Employee Contributions (based on 24 pays)

Tier	VISION
Employee	$1.75
Employee + One	$4.25
Employee + Children	$4.50
Employee + Family	$8.00

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Administered by Benefit Strategies (formerly 125 Company)

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars to pay yourself back for eligible health care and dependent care expenses.

There are two types of FSAs: Health Care FSAs and Dependent Care FSAs. The plans are administered by **Benefit Strategies**.

When you choose how much to contribute to an FSA, be sure to estimate your expenses carefully. Under the IRS's use-it-or-lose-it rule, you will forfeit any money left in your account at the end of the year. Also, keep in mind that you cannot transfer funds from one account to another.

Health Care FSA

Health Care FSAs help you stretch your budget for health care expenses for you and your dependents by allowing you to pay for these expenses using tax-free dollars. You may set aside up to $2,000 annually in pre-tax dollars to pay for qualified health expenses, such as deductibles, copays, dental expenses, glasses, and chiropractic treatments. Funds can be used for yourself, your spouse, and your dependent children.

Your annual contribution amount is deposited into your account and is available to you at the beginning of the plan year. As you incur expenses, you can submit a claim to be reimbursed, or simply use your debit card to pay for your expenses.

Dependent Care FSA

The Dependent Care FSA allows you to pay for eligible dependent care expenses with tax-free dollars. You may set aside up to $5,000 annually in pre-tax dollars, or $2,500 if you are married and file taxes separately from your spouse.

Contributing to a Dependent Care FSA allows you to pay dependent care expenses so that you and your spouse can work, look for work, or attend school full-time. Eligible expenses include daycare, before/after school care, summer day camp and elder care.

When submitting a claim, you can only be reimbursed up to the amount you have contributed to date, less any previous reimbursements.

In order to participate in the Health Care FSA or the Dependent Care FSA, you must enroll each plan year. If you are enrolled in the KY7 HSA medical plan and contribute to an HSA account, you are not eligible to contribute to a Health Care FSA. You may still contribute to the Dependent Care FSA.

COMPANY PROVIDED LIFE AND DISABILITY BENEFITS

Basic Life and AD&D Insurance

Life insurance helps protect your family from financial risk and sudden loss of income in the event of your death. Accidental death and dismemberment (AD&D) insurance provides an additional benefit if you lose your life, sight, hearing, speech, or limbs in an accident.

ASC provides you with basic life insurance in the amount of two times your salary up to a maximum benefit of $150,000—at no cost to you through **Lincoln Financial**. If you die as a result of an accident, your beneficiary will receive an additional benefit. For other covered losses, the amount of the benefit is a percentage of the AD&D insurance coverage amount. Benefits begin to reduce at age 70. Evidence of good health is not required.

Disability Insurance

To protect your income in case you are unable to work due to illness or injury, ASC provides disability coverage at no cost to you. The plans are administered by **Lincoln Financial**.

Short-Term Disability (STD)

Once you have been disabled for seven days, the STD plan pays you 70% of your weekly base salary up to a maximum weekly benefit amount of $1,000 for up to 12 weeks while you are unable to work due to a non-work-related illness or injury.

Long-Term Disability (LTD)

The LTD plan pays 60% of your monthly base salary up to a maximum benefit amount of $6,000 for each month you are unable to work due to a disabling condition. Benefits begin after 90 days of disability and may be reduced by income you receive from other sources, such as workers' compensation, Social Security, or other disability coverage. LTD benefits will continue for two years if you are unable to perform the duties of your own occupation. If after two years, you are disabled from performing any and all occupations, benefits will be paid while you are totally and permanently disabled up to age 65, or according to ADEA rules.

If you were treated for a medical condition three months prior to the effective date of coverage, that condition will not be covered unless you are treatment-free for six consecutive months after the effective date of coverage or after you have been insured and are still actively at work for 12 months.

EMPLOYEE ASSISTANCE PROGRAM

Our Employee Assistance Program (EAP) offers you and your family members confidential and professional counseling at no cost to you. Licensed counselors are available 24 hours a day, seven days a week, 365 days a year to help you handle stress, grief, loss, and other personal issues.

The EAP includes unlimited telephonic consultations and up to four face-to-face counseling sessions per issue per year. You don't have to handle your problems alone.

To learn more about the **Lincoln Financial *EmployeeConnect*** program, speak with a specialist at **1-888-628-4824** or visit www.GuidanceResources.com.
User name = LFGsupport
Password = LFGsupport1

ADDITIONAL BENEFITS

401(k) Plan

ASC has established the Allen & Shariff Corporation Profit Sharing & 401(k) Plan to provide eligible employees the potential for future financial security for retirement. The plan allows employees to elect how much salary they want to contribute and direct the investment to their plan account so they can tailor their retirement package to meet their individual needs. ASC provides a matching contribution to the Plan (amount is determined by a formula).

Complete details of the plan are described in the Summary Plan Description provided to eligible employees. Contact Human Resources for more information.

Tuition Reimbursement

In order to encourage employees to further their education, ASC provides financial assistance to employees who wish to pursue a formal course of study directed toward sustaining their present level of professional competence, or to provide for additional skills of benefit to ASC in the employee's current profession. All regular, full-time employees are eligible for this benefit.

Professional Development

ASC supports the professional development of our employees. We believe it is of the utmost importance that our employees enhance their knowledge and skills in all aspects of the professional world. In addition to certifications and continuing professional development, ASC understands the importance of having its employees involved in professional associations and community organizations. When appropriate, ASC pays for the association memberships of our professionals and provides time away from the office to attend association meetings and networking events.

Holidays

ASC provides paid holidays for eligible employees. Human Resources distributes a schedule annually listing the paid holidays recognized by ASC. All national holidays are typically scheduled on the day designated by common business practice.

Per Pay Accrual

ASC employs energetic, performance-oriented professionals. We recognize that our employees work best when they can also have time in their lives to pursue their personal interests. We have implemented a per pay accrual program with this in mind. Only regular full-time employees are eligible.

Per pay accrual hours begin on the first day of employment and accrue as shown below:

Years of Employment	Per Pay Accrual
Less than 3 years	6 hours
Three years or more	8 hours

Employees are encouraged to use their per pay accrual to take regular time off each year. Per pay accrual accrues until an employee has reached a maximum of 300 hours.

WWW.KTBSONLINE.COM

With our online benefits system, selecting your benefits is fast, easy, and convenient. You may review your benefits and their costs and access summaries for each plan's benefits.

Need assistance or have questions?

Contact the PSA Benefits Hotline by email at benefitshotline@psafinancial.com or by phone at **1-877-716-6618**. Benefit Specialists who know your benefits are standing by to assist you Monday through Friday, 8:30 a.m.–5 p.m. ET.

Logging in for the first time

Click on "Register Now" located on the bottom right-hand side of the screen. When prompted, enter your last name, date of birth (MM/DD/YYYY), social security number, and the security code located in the box. Confirm your identity and complete the registration process by creating your online profile. Once you have created a profile, you can proceed to the enrollment.

Enroll Online Step-by-Step

Enrolling online is a three-step process.

- **Step 1:** Confirm your demographic information. Please review your personal information and update if needed. Address changes, phone numbers, and email addresses can be updated on this screen.
- **Step 2:** Enter your dependent information. To add a new dependent, click the "Add Dependent" link to add a spouse or child. To view or edit the dependent information once it has been entered, click the pencil toward the right of an existing dependent.
- **Step 3:** Elect your benefits. This page will show you all of the benefits offered, including any company-paid options. Follow the on-screen instructions to enroll in each benefit. A total contribution calculation per pay will be provided at the bottom of the page once all benefits have been elected or waived. The next screen will allow you to review and update your beneficiary elections before submitting your enrollment. This is a chance to update any information that was missed or to change any benefit elections before submitting your enrollment.

Once all information has been reviewed, click "Continue" to further attest to the online enrollment process. Click "Complete Online Enrollment" to finalize your enrollment. You will be prompted to print a copy of your online enrollment election for your personal records.

IMPORTANT NOTICES

Health Information Privacy Rules

For purposes of the health benefits offered under the Plan, the Plan uses and discloses health information about you and any covered dependents only as needed to administer the Plan. To protect the privacy of health information, access to your health information is limited to such purposes. The health plan options offered under the Plan will comply with the applicable health information privacy requirements of federal Regulations issued by the Department of Health and Human Services. The Plan's privacy policies are described in more detail in the Plan's Notice of Health Information Privacy Practices or Privacy Notice. Plan participants in the company-sponsored health and welfare benefit plan are reminded that the company's Notice of Privacy Practices may be obtained by submitting a written request to the Human Resources Department. For any insured health coverage, the insurance issuer is responsible for providing its own Privacy Practice, so you should contact the insurer if you need a copy of the insurer's Privacy Practice.

Health Insurance Portability and Accountability Act (HIPAA)

This group health plan complies with the privacy requirement for Protected Health Information (PHI) under HIPAA. A copy of the Notice of Privacy Practices is available from the insurance carriers for medical, dental, and vision insurance. A copy of the Notice of Privacy Practices for the Health Care Flexible Spending Account is available from Human Resources.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). WHCRA requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Breast reconstruction benefits are subject to deductibles and coinsurance limitations that are consistent with those established for medical and surgical benefits under the plan.

Special Enrollment Rights

If you are declining enrollment for yourself, or your dependents (including your spouse) because of other health insurance or other group health plan coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' coverage). However, you must request enrollment within 30 days after your previous coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents in this plan, provided that you request enrollment within 30 days of the marriage, birth, adoption, or placement for adoption.

If you or your dependent lose eligibility for coverage under Medicaid or a State child health plan or if you or your dependent become eligible for State-sponsored premium assistance for the medical plan, you may be able to enroll yourself and/or your dependents in this plan if you request enrollment within 60 days of the date of termination of Medicaid or State child health plan coverage or your eligibility for premium assistance.

COBRA

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, COBRA qualified beneficiaries (QBs) generally are eligible for group coverage during a maximum of 18 months for qualifying events due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

COBRA coverage is not extended for those terminated for gross misconduct. Upon termination, or other COBRA qualifying event, the former employee and any other QBs will receive COBRA enrollment information.

Qualifying events for employees include voluntary/involuntary termination of employment, and the reduction in the number of hours of employment. Qualifying events for spouses or dependent children include those events above, plus, the covered employee's becoming entitled to Medicare; divorce or legal separation of the covered employee; death of the covered employee; and the loss of dependent status under the plan rules.

If a QB chooses to continue group benefits under COBRA, they must complete an enrollment form and return it to the Plan Administrator with the appropriate premium due. Upon receipt of premium payment and enrollment form, the coverage will be reinstated. Thereafter, premiums are due on the 1st of the month. If premium payments are not received in a timely manner, Federal law stipulates that your coverage will be canceled after a 30-day grace period.

If you have any questions about COBRA or the Plan, please contact the Plan Administrator.

Please note, if the terms of the Plan and any response you receive from the Plan Administrator's representatives conflict, the Plan document will control.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.
If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility.

PENNSYLVANIA – Medicaid
Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpayment hippprogram/index.htm
Phone: 1-800-692-7462

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

MEDICARE NOTICE

Important Notice About Your Prescription Drug Coverage and Medicare

If you and your covered dependents are not currently covered by Medicare and will not become covered by Medicare within the next 12 months, this Notice is for informational purposes only.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Allen & Shariff Corp and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Allen & Shariff Corp has determined that the prescription drug coverage offered by Allen & Shariff Corp is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage with Allen & Shariff Corp will not be affected. You can keep this coverage if you join a Medicare drug plan and this plan will coordinate with your Medicare drug coverage. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your medical and prescription drug coverage through Allen & Shariff Corp, be aware that you and your dependents will not be able to get this coverage back until the next open enrollment period.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Allen & Shariff Corp and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed on this notice for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Allen & Shariff Corp changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date:	January 1, 2020
Sender:	Allen & Shariff Corp
Contact:	Sharon Mattis
Address:	7061 Deepage Drive Columbia, MD 21045
Phone Number:	443-545-1005

Remember: Keep this notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

This communication highlights some of the benefit plans available at Allen & Shariff. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the official plan documents will always govern. Allen & Shariff reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.